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CONFIRMATION NO. 7183

Bib Data Sheet

SERIAL NUMBER 09/336,031	FILING OR 371(c) DATE 06/18/1999 RULE	CLASS 705	GROUP ART UNIT 3696	ATTORNEY DOCKET NO.
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/14/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NJ	19	40	5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

METHOD AND SYSTEM FOR REFERENCING, ARCHIVING AND RETRIEVING SYMBOLICALLY LINKED INFORMATION

FILING FEE RECEIVED 1520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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